

Alabama Board of Court Reporting
P.O. Box 240066, Montgomery, AL 36124-0066
Phone: 334.215.7233 Fax: 334.215.7231 Web Site: www.abcr.alabama.gov

VERFICATION OF EMPLOYMENT FORM For Court Reporter

Name					
Street			-		
City	State	Zip			
I, (Applicant's Full Name)		, have applied for a	a license to practice cour	t reporting in the stat	e of Alabama.
As part of the process, the A attorneys unrelated by bloo				employing Judge, or	three licensed
I hereby authorize	(Name of Fac	cility)	, its staff, or repre	esentatives to provide	the Alabama
Board of Court Reporting a hereby release from any and request, provided that such directly to the Alabama Bo to me will not be accepted to Sincerely,	d all liability the acts are performant of Court 1	e above named institution med in good faith and with Reporting, P. O. Box 240	and/or person for any an nout malice. Further, I ro 066, Montgomery, AL	nd all acts performed equest that this compared 36124-0066. Compl	in fulfilling this leted form be sent eted forms returned
Signature of Applicant		Date	Social Security Number		
Printed Name of Applicant			Date of Birth		
The following section must Board of Court Reporting. not be accepted for verifical the form.	Any substitution purposes.	on must contain the same in Falsifying information on	nformation and be maile this form is a violation	d directly to the state of state law. BOTH p	board or it will parties must sign
I,(PRINT CLEARLY) Name of Emplo	ying Judge or Licens	ed Attorney state	that the above named	individual was em	ployed at
	_ from	thru	as a court r	reporter.	
Signature of Judge or Licensed Attorney		Title		Date	
Phone ()	Fax ()Email ************************************	: ************	*********	·
$I, {(\text{Name of Judge or Attorney})}$					
reporting services of this licensure.	individual an	d I attest to their profici	ency in court reporting	g and I recommend	this individual for
Signature		Title		Date	
Alabama License #					
Phone ()	— Fax (Email	:		04/04/07